

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101 588694

8-8-2006

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3						
4		4				
5						
6		1				
7		1				
8		1				
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14						
15		1				
16		1				
17		1				
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35		1				
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41		1				
42	1		1			
43		1		1		
44		1		1		
45		1		1		
46	1		1			
47		1		1		
48						
49						
50		3		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS		14		14		14

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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			54			
			57			